

# ***BERA Spring Break Recreation Program***

## ***April 6-10, 2015***

QOL/BERA/Recreation will offer a BERA Spring Break Recreation Program for the 5-day break, Monday-Friday, April 6-10, 2015, from 7:45am-5pm sharp! We use the Rec Hall, Bldg 317; Pool, Bldg 478; and Gym, Bldg 461.

Applications and program descriptions are available at the Recreation Office (Bldg 400), the gym office (Bldg 461) or on-line at: <http://www.bnl.gov/bera/recreation/applications.asp>

- Children must be 6 years of age as of January 2015 to enter camp but not older than 12 years of age, and must be the verifiable dependent child of a BNL employee or appointed Guest. Contractors are NOT eligible. No exceptions. The program will be limited to 50 children, ages 6-12 only.
- The program fee is \$185 per child (\$160 for 2<sup>nd</sup> child). Payment of cash or check is due with your application.
- *Application and payment in full must be received no later than 3pm on Friday, March 27, 2015.* Please mail your check payable to BERA, to the Recreation Office, Bldg 400.
- Morning drop off is at the Rec Hall (Bldg 317), and afternoon pick up is at the Pool entrance (Bldg 478) **7:45am-5pm prompt pick is expected!!**
- Snacks and drinks will be provided throughout the day.
- Children should bring a bag lunch (cold lunch preferred-microwave not available). Refrigerators are available for the children's lunch bags. Label, label everything!
- Children must wear sneakers and bring their bathing suit and a towel each day. Label everything!
- NO cell phones, electronics or collectibles of any kind will be permitted at camp.

Daily activities lead by NYS certified teachers, will include:

- The children will attend a class/program on Wednesday, April 8<sup>th</sup> at the *Science Learning Center*. The school bus will bring them from the Rec Hall to the SLC and back.
- Special arts and crafts projects at multiple stations throughout the day.
- The children will be transported by school bus each day from the Rec Hall to the pool and gym at 2:00pm for gym and pool time.
- Scheduled gym activities will include kick ball, scooter highway, dodge ball and more!
- Swimming pool carnival days - with games and prizes every day!
- Weather permitting will find the children outside with a variety of recreational opportunities.

If you have any questions, please contact Christine Carter, the BERA/Recreation Supervisor, on ext 5090, or Joanne Delles, on ext 8481 in Bldg 400. *To register for the Spring Recreation Program, return pages 2 & 3 with your check made payable to BERA by 3pm Friday, March 27, 2015.*

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### **For Office Use Only**

NAME: \_\_\_\_\_ PAID: \_\_\_\_\_ Date: \_\_\_\_\_

☐

Yes, I would like to receive a letter for income tax / flexible spending.

Camper's Name \_\_\_\_\_ (circle) BOY - GIRL  
Date of Birth \_\_\_\_\_ AGE (By Jan 1<sup>st</sup>): \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Camper's Name \_\_\_\_\_ (circle) BOY - GIRL  
Date of Birth \_\_\_\_\_ AGE (By Jan 1<sup>st</sup>): \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Camper's Name \_\_\_\_\_ (circle) BOY - GIRL  
Date of Birth \_\_\_\_\_ AGE (By Jan 1<sup>st</sup>): \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Parent/Guardian Information:**

Parent/Guardian \_\_\_\_\_ Life # \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Bldg # \_\_\_\_\_ work ext \_\_\_\_\_  
Mailing Address \_\_\_\_\_ CELL \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Life # \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Bldg # \_\_\_\_\_ work ext \_\_\_\_\_  
Mailing Address \_\_\_\_\_ CELL \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ CELL \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL/SPECIAL NEEDS (must be disclosed):** List any medical conditions that could restrict activities (i.e. diabetes, asthma, etc.) or any other condition or specified need the camp staff should be made aware:

\_\_\_\_\_  
List those persons authorized to pick up your child:

\_\_\_\_\_  
List any allergies your child has (food, medications, etc.):

\_\_\_\_\_  
Note: Should we be unable to contact you in the event of an emergency, Brookhaven National Laboratory will take all reasonable medical precautions deemed necessary.

*To register for the Spring Recreation Program, return pages 2 & 3 with your check payable to BERA  
no later than 3pm Friday, March 27, 2015*

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### **HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, being the parent or legal guardian  
Print name

of \_\_\_\_\_, hereinafter referred to as Participant, do hereby agree to the terms of this release and do give my full consent for his/her participation in the 2015 BERA Spring Break Recreation Program.

I fully understand that due to the nature of the program there is a chance of physical injury. I agree to assume all risk described and not described herein. I agree to release, indemnify, and discharge BERA employees and volunteers from any and all claims, including personal injuries and death, demands, causes of action and suits or liabilities which might arise from such participation, including acts or omissions constituting negligence.

I further agree to release or waive any claim that I may have to acquire individually or as guardian for Participant by reason of the described program. I make this waiver and releases to legally bind myself, Participant, my executor, heirs, and assigns to the fullest extent now and in the future.

By executing this Agreement, I/we agree to all of the terms and conditions contained herein and on the Application on this Agreement. Executed this

\_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Parent/Guardian Signature

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